

**United States Bankruptcy Court  
Western District of New York**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Fairchild Manor Nursing Home, LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>16-1591860</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>765 Fairchild Place Lewiston, NY</b> <div style="text-align: right;">ZIP Code <b>14092</b></div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Niagara</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>2302 Wehrle Drive Williamsville, NY</b> <div style="text-align: right;">ZIP Code <b>14221</b></div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  Estimated Number of Creditors <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table> Estimated Assets <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> Estimated Liabilities <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	THIS SPACE IS FOR COURT USE ONLY
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**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Fairchild Manor Nursing Home, LLC****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Fairchild Manor Nursing Home, LLC****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Arthur G. Baumeister, Jr.  
Signature of Attorney for Debtor(s)

Arthur G. Baumeister, Jr.  
Printed Name of Attorney for Debtor(s)

Amigone, Sanchez, Mattrey & Marshall LLP  
Firm Name  
**1300 Main Place Tower**  
**350 Main Street**  
**Buffalo, NY 14202**

\_\_\_\_\_  
Address

**Email: abaumeister@amigonesanchez.com**  
**(716) 852-1300 Fax: (716) 852-1344**

\_\_\_\_\_  
Telephone Number

**August 26, 2011**

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Marc Korn  
Signature of Authorized Individual

Marc Korn  
Printed Name of Authorized Individual

Managing Member  
Title of Authorized Individual

**August 26, 2011**

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court**  
**Western District of New York**

In re Fairchild Manor Nursing Home, LLC

Debtor(s)

Case No.

Chapter

11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
AFLAC New York 22 Corporate Woods Boulevard Albany, NY 12211	AFLAC New York 22 Corporate Woods Boulevard Albany, NY 12211	vendor		15,745.41
Angelica-Batavia P.O. Box 823283 Philadelphia, PA 19182-3283	Angelica-Batavia P.O. Box 823283 Philadelphia, PA 19182-3283	vendor		25,098.92
Berkadia Commerical Mortgage P.O. Box 1687 Horsham, PA 19044-6687	Berkadia Commerical Mortgage P.O. Box 1687 Horsham, PA 19044-6687	Guarantee of affiliate mortgage loan	Contingent Unliquidated Disputed	4,000,000.00
Buffalo Pharmacy Institute 20 Lawrence Bell Drive Buffalo, NY 14221	Buffalo Pharmacy Institute 20 Lawrence Bell Drive Buffalo, NY 14221	vendor		33,540.91
Catholic Health-Dept. of Lab Service Attn.: John Emhof - Billing 2157 Main Street Buffalo, NY 14214	Catholic Health-Dept. of Lab Service Attn.: John Emhof - Billing 2157 Main Street Buffalo, NY 14214	vendor		22,122.69
Commissioner of Health New York Assessment Fund P.O. Box 4757 Syracuse, NY 13221	Commissioner of Health New York Assessment Fund P.O. Box 4757 Syracuse, NY 13221	Health Care Facility Assessments		225,563.06
Damon & Morey LLP Avant Buiding, Suite 1200 200 Delaware Avenue Buffalo, NY 14202-2150	Damon & Morey LLP Avant Buiding, Suite 1200 200 Delaware Avenue Buffalo, NY 14202-2150	legal services		25,472.39
Freed Maxick & Battaglia 800 Liberty Building Buffalo, NY 14202	Freed Maxick & Battaglia 800 Liberty Building Buffalo, NY 14202	accounting services		32,500.00
Health Care Industry Trust 700 Rand Building 14 Lafayette Square Buffalo, NY 14202	Health Care Industry Trust 700 Rand Building 14 Lafayette Square Buffalo, NY 14202	vendor		284,854.01

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Independent Health Dept. 264 P.O. Box 8000 Buffalo, NY 14267-0002</b>	<b>Independent Health Dept. 264 P.O. Box 8000 Buffalo, NY 14267-0002</b>	<b>health insurance premiums</b>		<b>21,462.16</b>
<b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346</b>	<b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346</b>	<b>Employment Taxes</b>	<b>Disputed</b>	<b>482,765.00</b>
<b>Kavinoky, Cook LLP 726 Exchange Street, Suite 800 Buffalo, NY 14210</b>	<b>Kavinoky, Cook LLP 726 Exchange Street, Suite 800 Buffalo, NY 14210</b>	<b>legal services</b>		<b>65,000.00</b>
<b>MVP Health Care, Inc. 220 Alexander Street Rochester, NY 14607</b>	<b>MVP Health Care, Inc. 220 Alexander Street Rochester, NY 14607</b>	<b>vendor</b>		<b>14,551.21</b>
<b>National Benefit Life Ins. Co. One Court Square Long Island City, NY 11120-0001</b>	<b>National Benefit Life Ins. Co. One Court Square Long Island City, NY 11120-0001</b>	<b>vendor</b>		<b>14,025.32</b>
<b>New York State Dept. of Labor State Office Building Campus Bldg. 12, Rm. 185B Albany, NY 12240</b>	<b>New York State Dept. of Labor State Office Building Campus Bldg. 12, Rm. 185B Albany, NY 12240</b>	<b>Fines for untimely payment of payroll</b>		<b>150,000.00</b>
<b>Niagara Hospice, Inc. 4675 Sunset Drive Lockport, NY 14094</b>	<b>Niagara Hospice, Inc. 4675 Sunset Drive Lockport, NY 14094</b>	<b>professional fees</b>		<b>18,591.02</b>
<b>NYSHFA 33 Elk Street, Suite 300 Albany, NY 12207-1010</b>	<b>NYSHFA 33 Elk Street, Suite 300 Albany, NY 12207-1010</b>	<b>vendor</b>		<b>14,420.08</b>
<b>Occupational Health Care Services 621 Tenth Street Niagara Falls, NY 14302</b>	<b>Occupational Health Care Services 621 Tenth Street Niagara Falls, NY 14302</b>	<b>vendor</b>		<b>28,809.64</b>
<b>U. S. Food Service 125 Gardenville Parkway West Buffalo, NY 14224</b>	<b>U. S. Food Service 125 Gardenville Parkway West Buffalo, NY 14224</b>	<b>vendor</b>		<b>41,386.51</b>
<b>Village of Lewiston Inc. 145 N. 4th Street Lewiston, NY 14092</b>	<b>Village of Lewiston Inc. 145 N. 4th Street Lewiston, NY 14092</b>	<b>vendor</b>		<b>49,915.70</b>

In re **Fairchild Manor Nursing Home, LLC**

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **August 26, 2011**

Signature **/s/ Marc Korn**

**Marc Korn**

**Managing Member**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court**  
**Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>578,977.00</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>3</b>		<b>1,244,508.86</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>3</b>		<b>488,565.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>31</b>		<b>5,411,647.74</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>44</b>			
Total Assets			<b>578,977.00</b>		
Total Liabilities				<b>7,144,721.60</b>	

**United States Bankruptcy Court**  
**Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total >

0.00

(Total of this page)

Total >

0.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re Fairchild Manor Nursing Home, LLC

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		HSBC Bank - Remittance checking account # X1435	-	16,281.00
		HSBC Bank - Operating checking account # X0447	-	60.00
		HSBC Bank - Patient Trust checking account # X1443	-	1,705.00
		HSBC Bank - Payroll checking account # X1451	-	235.00
		HSBC Bank - Petty Cash checking account # X1460	-	1,696.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
Sub-Total >				19,977.00
(Total of this page)				

3 continuation sheets attached to the Schedule of Personal Property

Case 1-11-13013-MJK Doc 1 Filed 08/30/11 Entered 08/30/11 15:52:35 Desc Main

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Accounts Receivable (Medicaid and Medicare reimbursements, private insurance claims and reimbursements and general services accounts) approximately \$500K total</b>	-	<b>475,000.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **475,000.00**  
(Total of this page)

Sheet **1** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Counterclaim against BPNY Acquisition Corp in litigation captioned BPNY Acquisition Corp. v. Fairchild Manor Nursing Home, LLC, Index No. 800036/10, NYS Sup. Ct., Erie Cty.</b>	-	<b>Unknown</b>
		<b>Claim against the State of New York arising from appeals from decisions denying full medicaid reimbursement (total amount claimed approximately \$250K)</b>	-	<b>Unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.		<b>NYS Dept. of Health Residential Health Care Facility Operating Certificate - legal status of Certificate is uncertain</b>	-	<b>Unknown</b>
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2007 Mercedes SUV - 110,000 miles</b>	-	<b>15,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Misc. desks, chairs, tables, filing cabinets, computers, copy machine, fax machine</b>	-	<b>4,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>approximately 100 sets of various room furniture.</b>	-	<b>8,000.00</b>
		<b>call system</b>	-	<b>4,000.00</b>
		<b>Two (2) electrical generators</b>	-	<b>35,000.00</b>
		<b>Computer equipment, phone system</b>	-	<b>5,000.00</b>
		<b>62 sets of nite stands, dressers and tables.</b>	-	<b>3,000.00</b>
		<b>Fire Alarm System</b>	-	<b>5,000.00</b>

Sub-Total > **79,000.00**  
(Total of this page)

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re Fairchild Manor Nursing Home, LLC

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
30. Inventory.		<b>Food inventory was disposed of upon closure of facility; medical supplies, OTC and RX were either destroyed in accordance with health regulations or returned for credit to vendor. Only inventory at present is facility owned linens, dishware,</b>	-	<b>5,000.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>5,000.00</b>
(Total of this page)	
Total >	<b>578,977.00</b>

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 1-11-13013-MJK Doc 1 Filed 08/30/11 Entered 08/30/11 15:52:35 Desc Main

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>28057781</b>			<b>2008</b>					
<b>AEL Financial</b> <b>Box 88046</b> <b>Milwaukee, WI 53288-0046</b>		-	<b>Purchase Money Security</b>  <b>62 sets of nite stands, dressers and tables.</b>					
			Value \$ <b>3,000.00</b>				<b>57,791.00</b>	<b>54,791.00</b>
Account No.			<b>2007</b>					
<b>Caterpillar Financial Services Corp.</b> <b>2121 West End Avenue</b> <b>Nashville, TN 37203</b>		-	<b>Purchase Money Security</b>  <b>Two (2) electrical generators</b>					
			Value \$ <b>35,000.00</b>				<b>130,000.00</b>	<b>95,000.00</b>
Account No. <b>10704510253409</b>			<b>2007</b>					
<b>Chase Auto Finance</b> <b>P.O. Box 901076</b> <b>Fort Worth, TX 76101-2076</b>	X	-	<b>Purchase Money Security Interest</b>  <b>2007 Mercedes SUV - 110,000 miles</b>					
			Value \$ <b>15,000.00</b>				<b>33,331.00</b>	<b>18,331.00</b>
Account No.			<b>Blanket Security Interest</b>					
<b>Evans National Bank</b> <b>14-16 North Main Street</b> <b>Angola, NY 14006</b>		-	<b>All personal property, accounts, etc.</b>					
			Value \$ <b>16,281.00</b>				<b>374,593.48</b>	<b>Unknown</b>
Subtotal (Total of this page)							<b>595,715.48</b>	<b>168,122.00</b>

2 continuation sheets attached

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>2008</b>					
<b>General Electic Capital</b> <b>20225 Watertower Blvd.</b> <b>Brookfield, WI 53045</b>	<b>X</b>	-	<b>Purchase Money Security</b>  <b>approximately 100 sets of various room furniture.</b>					
			Value \$ <b>8,000.00</b>				<b>46,118.00</b>	<b>38,118.00</b>
Account No.			<b>Non-Purchase Money Security</b>					
<b>Omnicare Pharmacy/BPNY</b> <b>Acquisition</b> <b>P.O. Box 715276</b> <b>Columbus, OH 43271-5276</b>		-	<b>All personal property, accounts, etc.</b>					
			Value \$ <b>Unknown</b>				<b>42,298.10</b>	<b>Unknown</b>
Account No. <b>OMNI</b>			<b>Non-Purchase Money Security</b>					
<b>Omnicare Pharmacy/BPNY</b> <b>Acquisition</b> <b>2410 North America Drive</b> <b>Buffalo, NY 14224</b>		-	<b>All personal property, accounts, etc.</b>					
			Value \$ <b>Unknown</b>				<b>468,648.28</b>	<b>Unknown</b>
Account No. <b>SIMPLEX</b>			<b>2008</b>					
<b>Simplex Grinnell</b> <b>1310 Madrid St. Ste. 103</b> <b>Marshall, MN 56258</b>		-	<b>Purchase money security</b>  <b>call system</b>					
			Value \$ <b>4,000.00</b>				<b>67,889.00</b>	<b>63,889.00</b>
Account No.			<b>2007</b>					
<b>Simplex Grinnell</b> <b>1310 Madrid St. Ste. 103</b> <b>Marshall, MN 56258</b>		-	<b>Purchase Money Security</b>  <b>Fire Alarm System</b>					
			Value \$ <b>5,000.00</b>				<b>9,360.00</b>	<b>4,360.00</b>
Subtotal							<b>634,313.38</b>	<b>106,367.00</b>
(Total of this page)								

Sheet 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Purchase Money Security</b>					
<b>TCF Equipment Lease</b> <b>11100 Wayzata Blvd., #801</b> <b>Minnetonka, MN 55305</b>		-	<b>Computer equipment, phone system</b>			X		
			Value \$ <b>5,000.00</b>				<b>14,480.00</b>	<b>9,480.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

**14,480.00****9,480.00**

Total

**1,244,508.86****283,969.00**

(Report on Summary of Schedules)



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** (Continuation Sheet)

**Wages, salaries, and commissions**
**TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>medical services</b>					
<b>Dr. Drew Chenelly</b> <b>121 North Main Street, Suite 310</b> <b>Albion, NY 14411</b>		-					<b>3,800.00</b>	<b>0.00</b>
								<b>3,800.00</b>
Account No.			<b>dental services</b>					
<b>Frank A. Pallone, DDS</b> <b>552 Third Street</b> <b>Niagara Falls, NY 14301</b>		-					<b>1,800.00</b>	<b>0.00</b>
								<b>1,800.00</b>
Account No.			<b>social work services</b>					
<b>Kim Marie Fritschi</b> <b>3 Sibley Drive</b> <b>Buffalo, NY 14224</b>		-					<b>200.00</b>	<b>0.00</b>
								<b>200.00</b>
Account No.								
Account No.								
Subtotal							<b>5,800.00</b>	<b>0.00</b>
(Total of this page)							<b>5,800.00</b>	<b>5,800.00</b>

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. <b>X1860</b>				<b>2009</b>					
<b>Internal Revenue Service</b>				<b>Employment Taxes</b>					<b>0.00</b>
<b>P.O. Box 7346</b>	<b>X</b>	<b>-</b>					<b>X</b>	<b>482,765.00</b>	<b>482,765.00</b>
<b>Philadelphia, PA 19101-7346</b>									
Account No.									
Account No.									
Account No.									
Account No.									

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal  
(Total of this page)**0.00**  
**482,765.00**

Total

(Report on Summary of Schedules)

**0.00**  
**488,565.00**

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>02099296</b>  <b>ACS Service Bureau</b> <b>226 Lowell Street, Suite A-2</b> <b>Wilmington, MA 01887-3073</b>		-	vendor				<b>2,989.31</b>
Account No.  <b>ADP Inc.</b> <b>P.O. Box 9001006</b> <b>Louisville, KY 40290-1006</b>		-	vendor				<b>10,125.35</b>
Account No.  <b>AFLAC New York</b> <b>22 Corporate Woods Boulevard</b> <b>Albany, NY 12211</b>		-	vendor				<b>15,745.41</b>
Account No.  <b>Airgas East</b> <b>P.O. Box 827049</b> <b>Philadelphia, PA 19182-7049</b>		-	vendor				<b>2,801.54</b>
Subtotal (Total of this page)							<b>31,661.61</b>

30 continuation sheets attached

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			vendor				
<b>Alco Sales &amp; Service Co.</b> <b>6851 High Grove Boulevard</b> <b>Burr Ridge, IL 60527-7579</b>	-						<b>942.49</b>
Account No.			vendor				
<b>American Glass &amp; Mirror</b> <b>2055 Military Road</b> <b>Niagara Falls, NY 14304</b>	-						<b>500.00</b>
Account No. <b>4781</b>			vendor				
<b>American Healthtech</b> <b>P.O. Box 12310</b> <b>Jackson, MS 39236</b>	-						<b>1,846.33</b>
Account No. <b>3739</b>			vendor				
<b>American Homecare Supply, LC</b> <b>P.O. Box 347118</b> <b>Pittsburgh, PA 15251-4118</b>	-						<b>11,266.81</b>
Account No.			vendor				
<b>Angelica-Batavia</b> <b>P.O. Box 823283</b> <b>Philadelphia, PA 19182-3283</b>	-						<b>25,098.92</b>
Sheet no. <u>1</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>39,654.55</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>refund</b>				
<b>Ann Copfer-Buzzard</b> <b>c/o Carla Rueter</b> <b>1931 Clintonia Avenue</b> <b>San Jose, CA 95125</b>	-					<b>2,312.50</b>
Account No.		<b>transportation service</b>				
<b>Aries Transportation</b> <b>100 River Rock Drive, Suite 203</b> <b>Buffalo, NY 14207</b>	-					<b>1,550.00</b>
Account No.		<b>vendor</b>				
<b>Arjo Huntleigh Inc.</b> <b>P.O. Box 640799</b> <b>Pittsburgh, PA 15264-0799</b>	-					<b>20.69</b>
Account No. <b>BEST</b>		<b>vendor</b>				
<b>B.E.S.T. Inc.</b> <b>3003 Genesee Street</b> <b>Buffalo, NY 14225</b>	-					<b>936.44</b>
Account No.		<b>vendor</b>				
<b>Bailey Brothers Enterprises</b> <b>4057 Purdy Road</b> <b>Lockport, NY 14094</b>	-					<b>1,951.56</b>
Sheet no. <u>2</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>6,771.19</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>BC BS of Massachusetts</b> <b>Attn.: Cash Receipts</b> <b>Mail Stop 02-04</b> <b>1 Enterprise Drive</b> <b>Quincy, MA 02171</b>			refund				396.00
Account No. <b>101026932</b>  <b>Berkadia Commerical Mortgage</b> <b>P.O. Box 1687</b> <b>Horsham, PA 19044-6687</b>	X		2008 Guarantee of affiliate mortgage loan	X	X	X	4,000,000.00
Account No.  <b>Betsy Adams</b> <b>3009 Cherry Bark Street</b> <b>Abilene, TX 79606</b>			refund				5,900.00
Account No. <b>1530</b>  <b>Boulevard Produce</b> <b>655 Youngs Street</b> <b>Tonawanda, NY 14150</b>			vendor				825.57
Account No.  <b>Brickyard Pub &amp; BBQ</b> <b>432 Center Street</b> <b>Lewiston, NY 14092</b>			vendor				234.00
Sheet no. <u>3</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>4,007,355.57</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>01-FC</b>			<b>vendor</b>				
<b>Buffalo Hospital Supply</b> <b>P.O. Box 407</b> <b>Buffalo, NY 14225-0407</b>	-						<b>43.69</b>
Account No. <b>15241143</b>			<b>subscription</b>				
<b>Buffalo News</b> <b>One News Plaza</b> <b>P.O. Box 5183</b> <b>Buffalo, NY 14240-5183</b>	-						<b>280.33</b>
Account No.			<b>vendor</b>				
<b>Buffalo Pharmacy Institute</b> <b>20 Lawrence Bell Drive</b> <b>Buffalo, NY 14221</b>	-						<b>33,540.91</b>
Account No. <b>BUFULT</b>			<b>vendor</b>				
<b>Buffalo Ultrasound Inc.</b> <b>P.O. Box 5196</b> <b>Buffalo, NY 14240-5196</b>	-						<b>11,955.33</b>
Account No.			<b>vendor</b>				
<b>C.A. Curtz Co.</b> <b>1717 East 12th Street</b> <b>P.O. Box 797</b> <b>Erie, PA 16512</b>	-						<b>1,688.98</b>
Sheet no. <b>4</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>47,509.24</b>



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Catholic Health-Dept. of Lab Service</b> <b>Attn.: John Emhof - Billing</b> <b>2157 Main Street</b> <b>Buffalo, NY 14214</b>		<b>vendor</b>  -				<b>22,122.69</b>	
Account No. <b>1769153</b>  <b>Choice One</b> <b>P.O Box 415721</b> <b>Boston, MA 02241-5721</b>		<b>vendor</b>  -				<b>11.48</b>	
Account No. <b>D60-06191</b>  <b>Cintas Fas Lockbox 636525</b> <b>P.O. Box 636525</b> <b>Cincinnati, OH 45263-6525</b>		<b>vendor</b>  -				<b>666.85</b>	
Account No. <b>20306075</b>  <b>Citibank (KEY)</b> <b>P.O. Box 9004</b> <b>Des Moines, IA 50368</b>		<b>credit card</b>  -				<b>9,607.40</b>	
Account No.  <b>Commissioner of Health New York</b> <b>Assessment Fund</b> <b>P.O. Box 4757</b> <b>Syracuse, NY 13221</b>		<b>Health Care Facility Assessments</b>  -				<b>225,563.06</b>	
Sheet no. <b>5</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>257,971.48</b>	

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			vendor				
<b>Compliance Signs, Inc.</b> <b>56 South Main Street</b> <b>Chadwick, IL 61014-9425</b>	-						<b>44.00</b>
Account No. <b>COPE</b>			vendor				
<b>Copeland Data Systems</b> <b>550 Fillmore Avenue</b> <b>Tonawanda, NY 14150</b>	-						<b>4,993.40</b>
Account No.			vendor				
<b>Crawford Machine &amp; Tool</b> <b>51 Heiler Drive</b> <b>East Aurora, NY 14052-1517</b>	-						<b>104.77</b>
Account No.			vendor				
<b>Crest Healthcare Supply</b> <b>P.O. Box 727</b> <b>195 South Third Street</b> <b>Dassel, MN 55325-0727</b>	-						<b>914.15</b>
Account No.			vendor				
<b>Crest/Good Manufacturing Co., Inc.</b> <b>P.O. Box 468</b> <b>Syosset, NY 11791-0468</b>	-						<b>205.94</b>
Sheet no. <u>6</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>6,262.26</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>vendor</b>				
<b>CVS Caremark</b> <b>600 Penn Center</b> <b>Pittsburgh, PA 15235</b>	-					<b>7,500.00</b>
Account No.		<b>legal services</b>				
<b>Damon &amp; Morey LLP</b> <b>Avant Buiding, Suite 1200</b> <b>200 Delaware Avenue</b> <b>Buffalo, NY 14202-2150</b>	-					<b>25,472.39</b>
Account No.		<b>vendor</b>				
<b>Danny Thompson Inc.</b> <b>2102 11th Street</b> <b>Niagara Falls, NY 14305</b>	-					<b>1,034.91</b>
Account No.		<b>vendor</b>				
<b>Diversified Services</b> <b>2900 Delaware Avenue</b> <b>Buffalo, NY 14217</b>	-					<b>202.50</b>
Account No. <b>102207/CP60Q11108 &amp; Q11109</b>		<b>vendor</b>				
<b>Dolphin Capital Corp.</b> <b>P.O. Box 644006</b> <b>Cincinnati, OH 45264-4006</b>	-					<b>3,089.68</b>
Sheet no. <u>7</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>37,299.48</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>EB1291</b>		<b>vendor</b>				
<b>Eagle Systems, Inc.</b> <b>2421 Harlem Road</b> <b>Buffalo, NY 14225</b>	-					<b>4,528.14</b>
Account No.		<b>vendor</b>				
<b>Ecolab Pest Elimination Div.</b> <b>P.O. Box 6007</b> <b>Grand Forks, ND 58206-6007</b>	-					<b>1,972.40</b>
Account No.		<b>vendor</b>				
<b>Educated Healthcare</b> <b>9700 The Pines</b> <b>Buffalo, NY 14221</b>	-					<b>3,000.00</b>
Account No.		<b>vendor</b>				
<b>Elder Medical Services, P.C.</b> <b>c/o Beth Hoerner, Administrator</b> <b>132 Cayuga Road</b> <b>Buffalo, NY 14225</b>	-					<b>2,500.00</b>
Account No.		<b>Refund</b>				
<b>Eleanor Reece</b> <b>1530 Benjamin Drive</b> <b>Niagara Falls, NY 14304</b>	-					<b>1,456.57</b>
Sheet no. <b>8</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>13,457.11</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>Refund</b>				
<b>Estate of Alfonso Paonessa c/o John Paonessa 2250 Pierce Avenue, Apt. 1 Niagara Falls, NY 14301</b>		-					<b>754.00</b>
Account No.			<b>Refund</b>				
<b>Estate of Sharon Carriere c/o Corrine Kroenig 4980 Blackman Road Lockport, NY 14094</b>		-					<b>4,483.80</b>
Account No.			<b>vendor</b>				
<b>Falls Tent &amp; Awning P.O. Box 208 Lewiston, NY 14092</b>		-					<b>223.20</b>
Account No.			<b>vendor</b>				
<b>FDR Medical Services, PC P.O. Box 92249 Rochester, NY 14692-0249</b>		-					<b>112.76</b>
Account No. <b>1094-3083-8</b>			<b>vendor</b>				
<b>Fedex P.O. Box 371461 Pittsburgh, PA 15250-4746</b>		-					<b>844.30</b>
Sheet no. <u>9</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>6,418.06</b>
Subtotal (Total of this page)							

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>vendor</b>				
<b>FLTC</b> <b>150 State Street, Suite 301</b> <b>Albany, NY 12207</b>		-					<b>69.00</b>
Account No.			<b>vendor</b>				
<b>Francotyp-Postalia, Inc.</b> <b>FP Mailing Solutions</b> <b>P.O.Box 4510</b> <b>Carol Stream, IL 60197-4510</b>		-					<b>359.16</b>
Account No.			<b>accounting services</b>				
<b>Freed Maxick &amp; Battaglia</b> <b>800 Liberty Building</b> <b>Buffalo, NY 14202</b>		-					<b>32,500.00</b>
Account No.			<b>vendor</b>				
<b>Genesee Health Facilities Assoc.</b> <b>40 Barrett Drive</b> <b>Webster, NY 14580</b>		-					<b>90.00</b>
Account No.			<b>advertising</b>				
<b>Get Noticed Promotions</b> <b>152 Sonwil Drive</b> <b>Buffalo, NY 14225</b>		-					<b>487.35</b>
Sheet no. <u>10</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>33,505.51</b>
Subtotal (Total of this page)							<b>33,505.51</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1068452</b>		<b>vendor</b>				
<b>Global Equipment Company</b> <b>P.O. Box 905713</b> <b>Charlotte, NC 28290</b>	-					<b>642.23</b>
Account No. <b>778888</b>		<b>subscription</b>				
<b>Greater Niagara Newspaper</b> <b>P.O. Box 549</b> <b>Niagara Falls, NY 14302</b>	-					<b>3,188.78</b>
Account No. <b>43294</b>		<b>vendor</b>				
<b>Harbor Linen</b> <b>P.O. Box 3510</b> <b>Cherry Hill, NJ 08034</b>	-					<b>1,999.62</b>
Account No. <b>4183</b>		<b>vendor</b>				
<b>Health Care Industry Trust</b> <b>700 Rand Building</b> <b>14 Lafayette Square</b> <b>Buffalo, NY 14202</b>	-					<b>284,854.01</b>
Account No. <b>211722-1</b>		<b>vendor</b>				
<b>Health Care Logistics, Inc.</b> <b>Dept. L 2412</b> <b>Columbus, OH 43260-2412</b>	-					<b>99.95</b>
Sheet no. <b>11</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>290,784.59</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>vendor</b>				
<b>Health System Services, LTD</b> <b>6867 Williams Road</b> <b>Niagara Falls, NY 14304-3041</b>	-					<b>865.00</b>
Account No.		<b>legal services</b>				
<b>Hiscock &amp; Barclay, LLP</b> <b>1100 M &amp; T Center</b> <b>3 Fountain Plaza</b> <b>Buffalo, NY 14203-1414</b>	-					<b>2,525.90</b>
Account No.		<b>bank fees</b>				
<b>HSBC Bank</b> <b>Commerical Cash Management</b> <b>One HSBC Center, 12th Floor</b> <b>Buffalo, NY 14203</b>	-					<b>1,872.50</b>
Account No. <b>B5726A</b>		<b>health insurance premiums</b>				
<b>Independent Health</b> <b>Dept. 264</b> <b>P.O. Box 8000</b> <b>Buffalo, NY 14267-0002</b>	-					<b>21,462.16</b>
Account No. <b>08964</b>		<b>vendor</b>				
<b>Irish Carbonic &amp; Welding</b> <b>P.O. Box 409</b> <b>Buffalo, NY 14212-0490</b>	-					<b>7,268.59</b>
Sheet no. <b>12</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>33,994.15</b>



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>BF260</b>			<b>vendor</b>				
<b>Iron Mountain Record Management</b> <b>P.O. Box 27128</b> <b>New York, NY 10087-7128</b>	-						<b>4,094.82</b>
Account No. <b>250</b>			<b>vendor</b>				
<b>J H Dodman Co., Inc.</b> <b>116 Michigan Avenue</b> <b>Buffalo, NY 14204</b>	-						<b>173.95</b>
Account No. <b>709</b>			<b>vendor</b>				
<b>Joe Niccola's Lawn Service</b> <b>3410 Creek Road</b> <b>Youngstown, NY 14174</b>	-						<b>680.40</b>
Account No.							
<b>John H. Clark, MD</b> <b>P.O. Box 494</b> <b>Lewiston, NY 14092</b>	-						<b>13,145.00</b>
Account No.			<b>vendor</b>				
<b>John W. Sutton</b> <b>904 Sycamore Street</b> <b>Niagara Falls, NY 14304</b>	-						<b>1,377.63</b>
Sheet no. <b>13</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>19,471.80</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>vendor</b>				
<b>Kaleida Health</b> <b>Attn.: Maureen/Yvonne</b> <b>726 Exchange Street, Suite 300</b> <b>Buffalo, NY 14210</b>	-					<b>35.51</b>
Account No.		<b>legal services</b>				
<b>Kavinoky, Cook LLP</b> <b>726 Exchange Street, Suite 800</b> <b>Buffalo, NY 14210</b>	-					<b>65,000.00</b>
Account No.		<b>vendor</b>				
<b>Kenny Carpets</b> <b>2262 Union Road</b> <b>Buffalo, NY 14227</b>	-					<b>1,400.00</b>
Account No. <b>LAS</b>		<b>vendor</b>				
<b>Laser Solutions Inc.</b> <b>136 Walnut Street</b> <b>Lockport, NY 14094-3722</b>	-					<b>347.76</b>
Account No. <b>FAIR-25</b>		<b>vendor</b>				
<b>Lawley Services, Inc.</b> <b>361 Delaware Avenue</b> <b>Buffalo, NY 14202</b>	-					<b>1,684.00</b>
Sheet no. <b>14</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>68,467.27</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>vendor</b>				
<b>Linstar</b> <b>430 Lawrence Bell Drive</b> <b>Buffalo, NY 14221-7085</b>		-					<b>421.76</b>
Account No. <b>C4167</b>			<b>vendor</b>				
<b>Liturgical Publications Inc.</b> <b>4560 East 71st Street</b> <b>Cuyahoga Heights, OH 44105-5604</b>		-					<b>438.00</b>
Account No. <b>Lockport</b>			<b>vendor</b>				
<b>Lockport Home Medical</b> <b>21 Main Street</b> <b>Lockview Plaza</b> <b>Lockport, NY 14094</b>		-					<b>589.95</b>
Account No.			<b>vendor</b>				
<b>Marchese Computer Products, Inc.</b> <b>220 Ellicott Street</b> <b>Batavia, NY 14020</b>		-					<b>60.00</b>
Account No.			<b>vendor</b>				
<b>MC Healthcare Products Inc.</b> <b>4658 Ontario Street</b> <b>Beamsville, Ontario LOR 1B4</b> <b>CANADA</b>		-					<b>707.94</b>
Sheet no. <u>15</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,217.65</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>MCC</b>		<b>vendor</b>				
<b>McClure Dental Servcies</b> <b>84 W. Utica Street</b> <b>Buffalo, NY 14209</b>	-					<b>5,975.00</b>
Account No.		<b>vendor</b>				
<b>MDS Consultants</b> <b>137 Rae Drive</b> <b>Rochester, NY 14626</b>	-					<b>385.00</b>
Account No. <b>001978</b>		<b>vendor</b>				
<b>MED Pass Inc.</b> <b>10800 Industry Lane</b> <b>Miamisburg, OH 45342</b>	-					<b>324.21</b>
Account No.		<b>vendor</b>				
<b>Mercy Hospital of Buffalo</b> <b>565 Abbott Road</b> <b>Buffalo, NY 14220</b>	-					<b>14.62</b>
Account No.		<b>vendor</b>				
<b>Mobile Diagnostic Testing Servcies</b> <b>d/b/a Health Trac</b> <b>P.O. Box 8000-445</b> <b>Buffalo, NY 14267</b>	-					<b>11,635.77</b>
Sheet no. <b>16</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>18,334.60</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1783.000</b>		<b>vendor</b>				
<b>Modern Disposal Services Inc.</b> <b>P.O. Box 209</b> <b>Model City, NY 14107</b>	-					<b>736.74</b>
Account No. <b>199759</b>		<b>vendor</b>				
<b>Morgan Services, Inc.</b> <b>325 Louisiana Street</b> <b>Buffalo, NY 14204</b>	-					<b>12,075.00</b>
Account No.		<b>vendor</b>				
<b>Mount St. Mary's Hosp. &amp; Health Center</b> <b>Attn.: Finance Dept.</b> <b>5300 Military Road</b> <b>Lewiston, NY 14092</b>	-					<b>462.71</b>
Account No.		<b>vendor</b>				
<b>MVP Health Care, Inc.</b> <b>220 Alexander Street</b> <b>Rochester, NY 14607</b>	-					<b>14,551.21</b>
Account No.		<b>vendor</b>				
<b>National Benefit Life Ins. Co.</b> <b>One Court Square</b> <b>Long Island City, NY 11120-0001</b>	-					<b>14,025.32</b>
Sheet no. <u>17</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>41,850.98</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>National Health Debt Solutions</b> <b>P.O. Box 20</b> <b>Buffalo, NY 14231-0020</b>		<b>vendor</b>  -				<b>520.00</b>	
Account No.  <b>New York Association of Homes &amp; Services for the Aging</b> <b>150 State Street, Suite 301</b> <b>Albany, NY 12207-1698</b>		<b>vendor</b>  -				<b>3,375.00</b>	
Account No.  <b>New York State Dept. of Labor</b> <b>State Office Building</b> <b>Campus Bldg. 12, Rm. 185B</b> <b>Albany, NY 12240</b>		<b>Fines for untimely payment of payroll</b>  -				<b>150,000.00</b>	
Account No. <b>NCDSS</b>  <b>Niagara County Dept. of Social Services</b> <b>P.O. Box 406</b> <b>Lockport, NY 14095</b>		<b>refund</b>  -				<b>5,914.75</b>	
Account No.  <b>Niagara Falls Memorail Medical Center</b> <b>P.O. Box 708</b> <b>Niagara Falls, NY 14302</b>		<b>vendor</b>  -				<b>363.44</b>	
Sheet no. <b>18</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>160,173.19</b>	

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>NIAFAL</b>						
<b>Niagara Falls Reporter</b> <b>1625 Buffalo Avenue</b> <b>Niagara Falls, NY 14303</b>		-				<b>2,500.00</b>
Account No.						
<b>Niagara Hospice, Inc.</b> <b>4675 Sunset Drive</b> <b>Lockport, NY 14094</b>		-				<b>18,591.02</b>
Account No.						
<b>North American Transcription</b> <b>1866 Leithsville Road, Box 167</b> <b>Hellertown, PA 18055</b>		-				<b>310.59</b>
Account No. <b>WCB EMP 1085175</b>						
<b>NYS Workers Compensation Board</b> <b>Finance Office Room 301</b> <b>20 Park Street</b> <b>Albany, NY 12207</b>		-			X	<b>8,524.00</b>
Account No. <b>402693931-1B</b>						
<b>NYS Workers Compensation Board</b> <b>c/o RMS</b> <b>One Exchange Plaza</b> <b>55 Broadway Suite 201</b> <b>New York, NY 10006</b>		-			X	<b>0.00</b>
Sheet no. <u>19</u> of <u>30</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>29,925.61</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1421</b>			<b>vendor</b>				<b>14,420.08</b>
<b>NYSHFA</b> <b>33 Elk Street, Suite 300</b> <b>Albany, NY 12207-1010</b>		-					
Account No. <b>NYSHFA #10</b>			<b>vendor</b>				<b>700.00</b>
<b>NYSHFA District 10</b> <b>P.O. Box 1875</b> <b>Buffalo, NY 14231-1875</b>		-					
Account No. <b>OCC</b>			<b>vendor</b>				<b>28,809.64</b>
<b>Occupational Health Care Services</b> <b>621 Tenth Street</b> <b>Niagara Falls, NY 14302</b>		-					
Account No.			<b>vendor</b>				<b>1,274.31</b>
<b>Office Depot</b> <b>P.O Box 88040</b> <b>Chicago, IL 60680-1040</b>		-					
Account No. <b>5030899 / 1769153</b>			<b>vendor</b>				<b>6,609.04</b>
<b>One Communications</b> <b>P.O. Box 415721</b> <b>Boston, MA 02241-5721</b>		-					
Sheet no. <b>20</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>51,813.07</b>
Subtotal (Total of this page)							



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>3399662</b>		<b>vendor</b>				
<b>One Communications</b> <b>P.O. Box 1927</b> <b>Albany, NY 12201-1927</b>	-					<b>3,913.80</b>
Account No.		<b>vendor</b>				
<b>Optimasolutions2/Tray Card System</b> <b>210 S. 13trh Street, Suite B</b> <b>Griffin, GA 30224</b>	-					<b>1,250.00</b>
Account No.		<b>vendor</b>				
<b>Orleans/Niagara Boces</b> <b>Attn.: Terry Josker</b> <b>3181 Saunders Settlement Road</b> <b>Sanborn, NY 14132</b>	-					<b>5,555.00</b>
Account No.		<b>vendor</b>				
<b>Penn Emblem</b> <b>Box 510801</b> <b>Philadelphia, PA 19175-0801</b>	-					<b>195.32</b>
Account No.		<b>vendor</b>				
<b>Pesi Healthcare</b> <b>P.O. Box 900</b> <b>Eau Claire, WI 54702-0900</b>	-					<b>813.90</b>
Sheet no. <b>21</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>11,728.02</b>



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		vendor				
<b>Professional Laundry Sys. West Inc.</b> <b>3655 California Road</b> <b>Orchard Park, NY 14127</b>	-					<b>717.26</b>
Account No.		vendor				
<b>Professional Medical, Inc.</b> <b>1917 Garnet Court</b> <b>New Lenox, IL 60451</b>	-					<b>8,162.04</b>
Account No. <b>00716631</b>		vendor				
<b>Quest Diagnostics</b> <b>2178 Collection Center Drive</b> <b>Chicago, IL 60693</b>	-					<b>8,922.53</b>
Account No.		refund				
<b>Rosaline Tabone</b> <b>208 Beckwith Avenue</b> <b>Niagara Falls, NY 14304</b>	-					<b>1,500.00</b>
Account No. <b>479-926-7 SFH</b>		vendor				
<b>RSM McGladrey</b> <b>800 Liberty Building</b> <b>424 Main Street</b> <b>Buffalo, NY 14202-3508</b>	-					<b>12,418.00</b>
Sheet no. <b>23</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>31,719.83</b>
Subtotal (Total of this page)						

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>RURAL</b>  <b>Rural/Metro Medical Services</b> <b>Attn.: Althea Marshal</b> <b>481 William Gaiter Parkway</b> <b>Buffalo, NY 14215</b>			<b>vendor</b>				<b>150.00</b>
Account No.  <b>Ruskin Moscou Faltischek, P.C.</b> <b>1425 Rexcorp Plaza</b> <b>Uniondale, NY 11556-1425</b>			<b>legal services</b>				<b>3,872.27</b>
Account No.  <b>Safeguard Business Systems</b> <b>P.O. Box 88043</b> <b>Chicago, IL 60680-1043</b>			<b>vendor</b>				<b>491.83</b>
Account No.  <b>Scipione Catering LLC</b> <b>3010 Pine Avenue</b> <b>Niagara Falls, NY 14301</b>			<b>vendor</b>				<b>2,485.15</b>
Account No. <b>FHA No. 014-22020</b>  <b>Secretary of Housing and Urban</b> <b>Devel.</b> <b>c/o Multifamily Payment Processing</b> <b>P.O. Box 530256</b> <b>Atlanta, GA 30353-0256</b>	<b>X</b>	<b>-</b>	<b>2008</b> <b>Duplicate claim of Berkadia</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>0.00</b>
Sheet no. <b>24</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>6,999.25</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Shred-It</b> <b>440 Lawrence Bell Drive, Suite #2</b> <b>Buffalo, NY 14221</b>		<b>vendor</b>				<b>238.14</b>
Account No.  <b>Social Security Administration</b> <b>P.O. Box 3430</b> <b>Philadelphia, PA 19122-9985</b>		<b>refund</b>				<b>788.00</b>
Account No.  <b>Southworth-Milton, Inc.</b> <b>P.O. Box 3851</b> <b>Boston, MA 02241-3851</b>		<b>vendor</b>				<b>869.40</b>
Account No. <b>31864</b>  <b>Speciality Steak Service/Curtze Foods</b> <b>1717 E. 12th Street</b> <b>P.O. Box 797</b> <b>Erie, PA 16512</b>		<b>vendor</b>			<b>X</b>	<b>8,000.00</b>
Account No. <b>RCH 943615</b>  <b>Staples Busines Advantage</b> <b>Dept. ROC 85102</b> <b>P.O. Box 30851</b> <b>Hartford, CT 06150-0851</b>		<b>vendor</b>				<b>2,004.32</b>
Sheet no. <b>25</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>11,899.86</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			vendor				
<b>Stericycle</b> <b>P.O. Box 9001590</b> <b>Louisville, KY 40290-1591</b>	-						<b>1,254.75</b>
Account No.			vendor				
<b>Sunset Fruit &amp; Vegetable Co., Inc.</b> <b>1443 Clinton Street</b> <b>Buffalo, NY 14206</b>	-						<b>736.10</b>
Account No.			vendor				
<b>Superior Products Co.</b> <b>P.O. Box 623</b> <b>East Aurora, NY 14052</b>	-						<b>1,082.05</b>
Account No.			vendor				
<b>T Grana &amp; Son, Inc.</b> <b>2610 Pine Avenue</b> <b>Niagara Falls, NY 14301</b>	-						<b>2,200.00</b>
Account No. <b>TAX</b>			vendor				
<b>Tax Credit Processing Center</b> <b>P.O. Box 8427</b> <b>Gadsden, AL 35902</b>	-						<b>1,086.62</b>
Sheet no. <b>26</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>6,359.52</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>680943</b>		<b>insurance premiums</b>				
<b>The Hartford - Priority Accounts Group Benefits Divisoin P.O. Box 8500-3690 Philadelphia, PA 19178-3690</b>	-					<b>306.95</b>
Account No.		<b>advertising</b>				
<b>The Partnership, Ltd. 11 Pinchot Court, Suite 100 Buffalo, NY 14228</b>	-					<b>165.00</b>
Account No. <b>1232739-01-001</b>		<b>utility</b>				
<b>Time Warner Cable P.O. Box 1270 Buffalo, NY 14240-1270</b>	-					<b>11,377.77</b>
Account No.		<b>utility</b>				
<b>Time Warner Cable P.O. Box 371877 Pittsburgh, PA 15250-0877</b>	-					<b>110.48</b>
Account No.		<b>vendor</b>				
<b>Toshiba America Business Solutions P.O. Box 642111 Pittsburgh, PA 15264-2111</b>	-					<b>688.76</b>
Sheet no. <b>27</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>12,648.96</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>436200</b>		<b>vendor</b>				
<b>U. S. Food Service</b> <b>125 Gardenville Parkway West</b> <b>Buffalo, NY 14224</b>	-					<b>41,386.51</b>
Account No.		<b>vendor</b>				
<b>Univ. @ Buffalo Surgeons, Inc.</b> <b>P.O. Box 8000, Dpet. 313</b> <b>Buffalo, NY 14267</b>	-					<b>68.69</b>
Account No. <b>22002</b>		<b>vendor</b>				
<b>Upstate Farms Cooperative</b> <b>P.O. Box 650</b> <b>Buffalo, NY 14225</b>	-					<b>9,853.34</b>
Account No.		<b>vendor</b>				
<b>Vecmar Computer Solutions</b> <b>7595 Jenther Drive</b> <b>Mentor, OH 44060</b>	-					<b>587.71</b>
Account No. <b>various</b>		<b>utility</b>				
<b>Verizon</b> <b>P.O. Box 15124</b> <b>Albany, NY 12212-5124</b>	-					<b>6,380.05</b>
Sheet no. <b>28</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>58,276.30</b>



In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>769000651300461505</b>  <b>Verizon Online</b> <b>PO. Box 920041</b> <b>Dallas, TX 75392-0041</b>	-	utility				506.85
Account No. <b>985893354-00001</b>  <b>Verizon Wireless</b> <b>P.O. Box 408</b> <b>Newark, NJ 07101-0408</b>	-	utility				1,565.48
Account No. <b>VIL</b>  <b>Village Blossoms Inc.</b> <b>134 Jackson Street</b> <b>Youngstown, NY 14174</b>	-	vendor				513.00
Account No. <b>25-765</b>  <b>Village of Lewiston Inc.</b> <b>145 N. 4th Street</b> <b>Lewiston, NY 14092</b>	-	vendor				49,915.70
Account No. <b>26209</b>  <b>We Care Health &amp; Human Services</b> <b>401 East Amherst Street</b> <b>Buffalo, NY 14215</b>	-	transportation service				298.00
Sheet no. <b>29</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>52,799.03</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Webster Szanyi LLP The Beard Law Office 1400 Liberty Building Buffalo, NY 14202</b>	-	<b>legal services</b>				<b>2,992.00</b>
Account No.						
<b>William Ford c/o Michael Ford 100 Paul Drive Buffalo, NY 14228</b>	-	<b>refund</b>				<b>9,040.00</b>
Account No. <b>WNY Mutual</b>						
<b>WNY Mutual Aid Plan Greenfield Health &amp; Rehabilitation 5949 Broadway Lancaster, NY 14086</b>	-	<b>vendor</b>				<b>100.00</b>
Account No.						
Account No.						
Sheet no. <b>30</b> of <b>30</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>  <b>12,132.00</b>
(Report on Summary of Schedules)						<b>Total 5,411,647.74</b>

In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
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In re **Fairchild Manor Nursing Home, LLC**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Lewiston Properties, LLC</b> 2302 Wehrle Dr. Williamsville, NY 14221	<b>Berkadia Commerical Mortgage</b> P.O. Box 1687 Horsham, PA 19044-6687
<b>Lewiston Properties, LLC</b> 2302 Wehrle Dr. Williamsville, NY 14221	<b>Secretary of Housing and Urban Devel.</b> c/o Multifamily Payment Processing P.O. Box 530256 Atlanta, GA 30353-0256
<b>Marc Korn</b> 2302 Wherle Williamsville, NY 14221	<b>General Electic Capital</b> 20225 Watertower Blvd. Brookfield, WI 53045
<b>Marc Korn</b> 2302 Wherle Williamsville, NY 14221	<b>Chase Auto Finance</b> P.O. Box 901076 Fort Worth, TX 76101-2076
<b>Marc Korn</b> 2302 Wherle Williamsville, NY 14221	<b>Internal Revenue Service</b> P.O. Box 7346 Philadelphia, PA 19101-7346

**United States Bankruptcy Court  
Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**

Debtor(s)

Case No.

Chapter

**11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 46 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 26, 2011**

Signature **/s/ Marc Korn**

**Marc Korn**

**Managing Member**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

# United States Bankruptcy Court Western District of New York

In re Fairchild Manor Nursing Home, LLC

Debtor(s)

Case No.

Chapter

11

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$2,596,131.00</b>	<b>2011 YTD: Operations</b>
<b>\$6,130,430.00</b>	<b>2010: Operations</b>
<b>\$6,553,170.00</b>	<b>2009: Operations</b>

### 2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

### 3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See Attachment		\$0.00	\$0.00

None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
See Attachment and response to #23 below		\$0.00	\$0.00

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Evans Bank, N.A. v. Fairchild Manor Nursing Home, LLC Index No. 2011/603642	Collection Action	NYS Supreme Court, Erie County	Order to Show Cause returnable on 8/31/11
BPNY Acquisition Corp. v. Fairchild Manor Nursing Home, LLC et al. Index No. 800036/2010	Collection Action/Counter Claim arising from alleged overcharges	NYS Supreme Court, Erie County	Issue joined
Buffalo Pharmacies Inc. v. Fairchild Manor Nursing Home, LLC Index No. 2011/603135	Collection Action	NYS Supreme Court, Erie County	Summons and Complaint served

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>General Electric Capital Corporation v. Fairchild Nursing Home, LLC et al. Index No. 144288</b>	<b>Collection Action</b>	<b>NYS Supreme Court, Niagara County</b>	<b>Summons and Complaint served</b>
<b>SimplexGrinnell North v. Fairchild Manor Nursing Home LLC Index No. 602027/2011</b>	<b>Collection Action</b>	<b>NYS Supreme Court, Erie County</b>	<b>Issue joined</b>
<b>Christman v. Fairchild Manor Nursing Home LLC Index No. 131914/2008</b>	<b>Medical Malpractice</b>	<b>NYS Supreme Court, Niagara County</b>	<b>Issue joined</b>
<b>Rohr v. Fairchild Manor Nursing Home, LLC Index No. 140135/2010</b>	<b>Medical Malpractice</b>	<b>NYS Supreme Court, Niagara County</b>	<b>Issue joined</b>
<b>Morgan Services, Inc. v. Fairchild Manor Nursing Home, LLC Index No. 2009/4973</b>	<b>collection action</b>	<b>Erie County Court</b>	<b>Judgment entered 11/23/10 in the amount of \$26,135.00</b>

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>Specialty Steak Service/Curtze 1717 East 12th Street Erie, PA 16512</b>	<b>8/11</b>	<b>\$6,000 seized from Debtor's bank account</b>

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Amigone, Sanchez &amp; Mattrey, LLP 1300 Main Place Tower 350 Main Street Buffalo, NY 14202</b>	<b>7/11</b>	<b>\$26,039 - for attorneys fees and filing fees associated with this proceeding.</b>

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Northtown Automotive</b>	<b>8/11</b>	<b>2002 Ford bus sold for \$3,000</b>

**Third Party Dealer**

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
M&T Bank	5 checking accounts were closed and balances to transferred to newly established accounts at HSBC Bank	October, 2010 - roughly \$50,000 spread between subject accounts.

### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

**18. Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Fairchild Manor Nursing Home, LLC	16-1591860	765 Fairchild Place Lewiston, NY 14092	Skilled Nursing Facility	1966 - 6/2011

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

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#### 19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**Freed Maxick & Battaglia**  
**800 Liberty Building**  
**Buffalo, NY 14202**

DATES SERVICES RENDERED  
**2009**

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS  
**NYS Office of Medicaid Inspector General** **584 Delaware Ave., 2nd floor**  
**Buffalo, NY 14202**  
**Freed Maxick & Battaglia** **800 Liberty Building**  
**Buffalo, NY 14202**

DATES SERVICES RENDERED  
**2009 - present**

**2009 - completed audit of calendar year 2008 and prepared financial statements.**

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS  
**Center for Medicare and Medicaid Service**

DATE ISSUED  
**5/10 (furnished financial statement for 2009),**  
**5/11 (furnished financial statement for 2010)**

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#### 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR  
**12/31/10**

DOLLAR AMOUNT OF INVENTORY  
 (Specify cost, market or other basis)  
**food \$13,247; medical \$6,504; dietary \$1,237; laundry \$657; housekeeping \$984**

**12/31/09**

**food \$17,729; medical \$8,618; dietary \$1,969; laundry \$0; housekeeping \$1,212**

None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY  
**12/31/10**

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS  
**Debtor**

**12/31/09**

**Debtor**

## 21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS  
**Marc Korn**  
**2302 Wherle Dr.**  
**Williamsville, NY 14221**

NATURE OF INTEREST  
**Member Interest**

PERCENTAGE OF INTEREST  
**100%**

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

## 22 . Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

## 23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS  
OF RECIPIENT,  
RELATIONSHIP TO DEBTOR  
**Marc Korn**  
**2302 Wherle Dr.**  
**Williamsville, NY 14221**  
**Principal**

DATE AND PURPOSE  
OF WITHDRAWAL

**8/5/10, 9/17/10, 9/30/10, 10/26/10, 11/23/10**

AMOUNT OF MONEY  
OR DESCRIPTION AND  
VALUE OF PROPERTY  
**\$1,400, \$3,500, \$2,631, \$2,000,  
\$3,565, respectively**

## 24. Tax Consolidation Group.

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

**Senior Associates Retirement Plan (401(k) Plan)**

TAXPAYER IDENTIFICATION NUMBER (EIN)

**16-1537907****DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date **August 26, 2011**Signature **/s/ Marc Korn****Marc Korn****Managing Member**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

ATTACHMENT 3A

Note: This report includes only the selection criteria listed below.  
Check Date From 5/12/2011 Thru 8/14/2011

**Cash Disbursements Journal**  
**1011-050 Cash in Bank-HSBC Remitt/Operating**  
Fairchild Manor (03)

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Sort Order: Check Number

Vendor	Date Entered	Check Date	Void Date	GL Month	Check Number	Check Amount	----- Distribution ----- Account	Amount	Invoice ID
O'Connell and Aronowitz (O'CONNELL)									
	8/2/11	8/2/11			3249 M	\$1,000.00	8350-300	\$1,000.00	
MERCEDES-BENZ OF BUFFALO (MER)									
	5/17/11	5/13/11			22170 M	\$2,572.12	2362-010	\$2,572.12	
Buffalo Pharmacy Inst. (BUFFALOPHA)									
	5/12/11	5/12/11			22177 M	\$2,170.06	2021-000	\$2,170.06	Feb 2011
ANGELICA-BATAVIA (ANGELICA)									
2/6-12/2011	5/12/11	5/12/11			22178 M	\$3,000.00	2021-000	\$452.49	2000031971
2/13-19/2011							2021-000	\$399.85	2000032130
2/20-26/2011							2021-000	\$623.48	2000032273
2/27-3/5/2011							2021-000	\$425.36	2000032427
3/6 - 12/2011							2021-000	\$425.36	2000032599
3/13 - 19/2011							2021-000	\$425.36	2000032758
3/20 - 26/2011							2021-000	\$248.10	2000032913
CATHOLIC HEALTH-DEPT OF LAB SERVICE (CATH)									
	5/16/11	5/16/11			22179 M	\$500.00	2021-000	\$500.00	MAY 09
Buffalo Pharmacy Inst. (BUFFALOPHA)									
	5/16/11	5/13/11			22180 M	\$1,110.24	2021-000	\$1,110.24	Feb 2011
	5/16/11	5/16/11			22181 M	\$2,275.15	2021-000	\$2,275.15	Feb 2011
GLORIA CORTELLINI (CORTELLINI)									
PAULINE	5/16/11	5/16/11			22182 M	\$8,450.00	2021-000	\$8,450.00	REFUND
CORTELLINI/REFUND									
ANGELICA-BATAVIA (ANGELICA)									
3/20 - 26/2011	5/16/11	5/16/11			22183 M	\$500.00	2021-000	\$371.49	2000032913
4/3 - 9/2011							2021-000	\$128.51	2000033232
STOR-PARK OF WNY (STOR)									
	5/16/11	5/16/11			22184 M	\$3,112.00	2021-000	\$240.00	64210
							2021-000	\$240.00	64274 AUG 10
							2021-000	\$1,432.00	Balance 2010
							2021-000	\$1,200.00	1/1/11-5/31/11
NIAGARA FALLS REPORTER (NIAFAL)									
	7/6/11	5/17/11	7/6/11		22185 V	(\$2,000.00)	2021-000	(\$500.00)	30296
							2021-000	(\$500.00)	30300
							2021-000	(\$500.00)	30309
							2021-000	(\$500.00)	30321
	5/17/11	5/17/11			22185 M	\$2,000.00	2021-000	\$500.00	30296
							2021-000	\$500.00	30300
							2021-000	\$500.00	30309
							2021-000	\$500.00	30321
Buffalo Pharmacy Inst. (BUFFALOPHA)									
	5/17/11	5/17/11			22186 M	\$215.64	2021-000	\$215.64	Feb 2011
CHUDY PAPER CO., INC. (CHUDY)									
PO 09-1944	5/17/11	5/12/11			22187 M	\$1,137.15	2021-000	\$633.66	10244532
PO 11							2021-000	\$274.59	10244706
PO 09-1949							2021-000	\$228.90	10244708
Buffalo Pharmacy Inst. (BUFFALOPHA)									
	5/18/11	5/18/11			22188 M	\$657.14	2021-000	\$657.14	Feb 2011
CATHOLIC HEALTH-DEPT OF LAB SERVICE (CATH)									
	5/19/11	5/19/11			22189 M	\$520.09	2021-000	\$520.09	MAY 09
	5/19/11	5/19/11			22190 M	\$300.00	2021-000	\$300.00	JUNE 09

**Cash Disbursements Journal**  
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Fairchild Manor (03)

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Sort Order: Check Number

Vendor	Date Entered	Check Date	Void Date	GL Month	Check Number	Check Amount	----- Distribution ----- Account	Amount	Invoice ID
<b>AMERICAN HEALTHTECH (AMHEAL)</b>									
	5/19/11	5/19/11			22191 M	\$816.23	2021-000	\$400.75	61884
							2021-000	\$415.48	64281
<b>Buffalo Pharmacy Inst. (BUFFALOPHA)</b>									
	5/19/11	5/19/11			22192 M	\$2,958.72	2021-000	\$2,076.59	Feb 2011
							2021-000	\$882.13	March 2011
<b>CHUDY PAPER CO., INC. (CHUDY)</b>									
TAX CORRECT	5/24/11	5/19/11			22206 M	\$998.61	2021-000	\$16.31	10245722
INV#10244706									
TAX ADJMT 10244708							2021-000	\$20.03	10245723
PO 11							2021-000	\$555.82	10245860
PO 09-1950							2021-000	\$406.45	10245861
<b>Buffalo Pharmacy Inst. (BUFFALOPHA)</b>									
	5/24/11	5/24/11			22207 M	\$1,830.43	2021-000	\$1,830.43	March 2011
	5/25/11	5/25/11			22208 M	\$559.05	2021-000	\$559.05	March 2011
<b>U S FOOD SERVICE (USFOOD)</b>									
ORDER # 115347	5/26/11	5/12/11			22209 M	\$4,500.00	2021-000	\$76.65	1558329
							2021-000	\$45.63	1609659
ORDER # 119476							2021-000	\$3,635.76	1831779
ORDER # 119477							2021-000	\$53.14	1847505
ORDER # 123615							2021-000	\$688.82	1946520
ORDER # 123615	5/26/11	5/16/11			22210 M	\$4,500.00	2021-000	\$3,094.26	1946520
ORDER # 127549							2021-000	\$1,405.74	2154113
ORDER # 127549	5/26/11	5/25/11			22211 M	\$4,500.00	2021-000	\$2,146.33	2154113
ORDER #131726							2021-000	\$2,353.67	2365340
<b>Buffalo Pharmacy Inst. (BUFFALOPHA)</b>									
	5/26/11	5/26/11			22212 M	\$2,834.78	2021-000	\$2,834.78	March 2011
	5/31/11	5/31/11			22213 M	\$607.52	2021-000	\$607.52	March 2011
<b>CHUDY PAPER CO., INC. (CHUDY)</b>									
PO 11	5/31/11	5/26/11			22214 M	\$1,000.00	2021-000	\$17.16	10245860
REF INV 10241897							2021-000	\$25.64	10246134
REF INV # 10241898							2021-000	\$2.73	10246414
							2021-000	(\$17.16)	10245860 CM
							2021-000	\$80.41	10246970
PO 09-1951							2021-000	\$354.80	10247110
PO 11-1010							2021-000	\$553.27	10247111
							2021-000	(\$93.23)	10247111 CM
PO 11							2021-000	\$76.38	10248342
<b>NATIONAL FUEL (NAT)</b>									
1/26-2/25/2011	6/6/11	6/3/11			22216 M	\$6,985.10	2021-000	\$4,446.58	1/26-2/25/11
2/25 - 3/25/2011							2021-000	\$2,538.52	2/25-3/25/2011
<b>C. A. CURTZE CO. (CURTZE)</b>									
PO 10-1245-46	6/7/11	6/7/11			22217 M	\$1,000.00	2021-000	\$1,000.00	169405
<b>MODERN DISPOSAL SERVICES INC (MOD)</b>									
	6/7/11	6/7/11			22218 M	\$1,988.60	2021-000	\$957.86	127172
							2021-000	\$33.29	127173
							2021-000	\$964.01	146502
							2021-000	\$33.44	146503
<b>CHUDY PAPER CO., INC. (CHUDY)</b>									
PO 11	6/7/11	6/2/11			22219 M	\$1,412.68	2021-000	\$279.71	10248342
PO 11-1022							2021-000	\$80.41	10249227
PO 11-1016							2021-000	\$512.97	10249679
PO 09-1953							2021-000	\$547.14	10249680
PO 11-1016							2021-000	(\$7.55)	10249679 CM



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Vendor	Date Entered	Check Date	Void Date	GL Month	Check Number	Check Amount	----- Distribution ----- Account	Amount	Invoice ID
<b>ADP INC (ADP)</b>									
694872	6/9/11	5/13/11			22223 M	\$346.25	8319-690	\$346.13	
694872							8420-830	\$0.12	
<b>RUSKIN MOSCOU FALTISCHEK P.C. (RUSKIN)</b>									
PROF SERV THRU 1/31/2011	6/9/11	5/17/11			22224 M	\$250.00	2021-000	\$250.00	6061618
<b>SHRED-IT (SHRED)</b>									
	6/9/11	5/19/11			22225 M	\$238.14	2021-000	\$119.07	05269830
							2021-000	\$119.07	05269831
<b>OFFICE DEPOT (OFFICEDEP)</b>									
564835935-001	6/9/11	5/19/11			22226 M	\$272.79	8310-550	\$252.58	
564835935-001							8420-830	\$20.21	
<b>ADP INC (ADP)</b>									
705303	6/9/11	5/20/11			22227 M	\$80.14	8319-690	\$80.01	
705303							8420-830	\$0.13	
716100	6/9/11	5/26/11			22228 M	\$80.14	8319-690	\$80.01	
716100							8420-830	\$0.13	
<b>INDEPENDENT HEALTH (IND)</b>									
	6/13/11	6/13/11			22229 M	\$3,940.10	2021-000	\$3,940.10	B5726A JUNE 2011
	6/13/11	6/13/11			22230 M	\$1,755.27	2021-000	\$1,755.27	B5726Z JUNE 2011
<b>C. A. CURTZE CO. (CURTZE)</b>									
PO 10-1245-46	6/14/11	6/14/11			22231	\$1,000.00	2021-000	\$191.54	169405
PO 10-1248							2021-000	\$641.84	173929
PO 10-1261							2021-000	\$166.62	176679
<b>IVANS (IVA)</b>									
	6/14/11	6/14/11			22232	\$429.75	2021-000	\$85.95	11D0003744
							2021-000	\$85.95	11D0023326
							2021-000	\$85.95	11D0042661
							2021-000	\$85.95	11D0062302
							2021-000	\$85.95	11D0081753
<b>U S FOOD SERVICE (USFOOD)</b>									
ORDER #131726	6/14/11	6/2/11			22233 M	\$4,500.00	2021-000	\$1,226.77	2365340
ORDER # 131729							2021-000	\$52.50	2423507
ORDER # 136009							2021-000	\$3,220.73	2576346
<b>CHUDY PAPER CO., INC. (CHUDY)</b>									
PO 09-1990	6/14/11	6/9/11			22234 M	\$1,530.87	2021-000	\$452.36	10250996
PO 11-1030							2021-000	\$1,031.11	10250998
PO 09-1926							2021-000	\$47.40	10251560
<b>U S FOOD SERVICE (USFOOD)</b>									
ORDER # 136009	6/16/11	6/9/11			22235 M	\$4,500.00	2021-000	\$372.68	2576346
PO 10-1704							2021-000	\$20.60	2634447
REF INV # 2576346							2021-000	(\$48.36)	2962985 CM
ORDER # 140154							2021-000	\$3,907.77	2792704
HEALTH CARE ALLOWANCE							2021-000	\$108.00	2996393
ORDER # 144008							2021-000	\$139.31	0047304
ORDER # 144008	6/20/11	6/16/11			22236 M	\$4,500.00	2021-000	\$3,579.75	0047304
ORDER # 148220							2021-000	\$933.39	0246459
INV REF # 2576346							2021-000	(\$13.14)	2955670 CM
<b>Kinney Drugs/HealthDirect (KINNEY)</b>									
	6/23/11	6/23/11			22237 M	\$3,206.40	2021-000	\$3,206.40	June 1-19th 2011
<b>CHUDY PAPER CO., INC. (CHUDY)</b>									
PO 11-1049	6/29/11	6/16/11			22238 M	\$1,399.60	2021-000	\$552.75	10252293
							2021-000	\$837.84	10253703

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<b>MODERN DISPOSAL SERVICES INC (MOD)</b>									
	6/28/11	6/28/11			22239 M	\$2,005.54	2021-000	\$972.28	199622
							2021-000	\$33.64	199623
							2021-000	\$966.12	237517
							2021-000	\$33.50	237518
<b>NIAGARA FALLS REPORTER (NIAFAL)</b>									
	7/6/11	7/6/11			22240 M	\$2,500.00	2021-000	\$500.00	30296
							2021-000	\$500.00	30300
							2021-000	\$500.00	30309
							2021-000	\$500.00	30321
							2021-000	\$500.00	30334
<b>BATAVIA RESIDENT TRUST (BATRESIDEN)</b>									
DORIS KORN	7/6/11	6/30/11			22241 M	\$250.00	2362-010	\$250.00	
<b>NATIONAL GRID (NIA)</b>									
9/15-10/13/2010	7/11/11	7/6/11			22242 M	\$5,000.00	2021-000	\$3,411.81	9/15-10/13/
10/13-11/12/2010							2021-000	\$1,588.19	10/13-11/12/
<b>ADP INC (ADP)</b>									
723990	7/18/11	6/3/11			22243 M	\$214.73	8319-690	\$214.47	
723990							8420-830	\$0.26	
721668	7/18/11	6/3/11			22244 M	\$387.39	8319-690	\$387.27	
721668							8420-830	\$0.12	
167037	7/18/11	6/3/11			22245 M	\$647.67	8319-690	\$647.67	
739499	7/18/11	6/17/11			22246 M	\$80.14	8319-690	\$80.01	
739499							8420-830	\$0.13	
745507	7/18/11	6/17/11			22247 M	\$561.60	8310-730	\$561.60	
737102	7/18/11	6/17/11			22248 M	\$979.64	8319-690	\$954.06	
737102							8420-830	\$25.58	
750191	7/18/11	6/24/11			22249 M	\$80.14	8319-690	\$80.01	
750191							8420-830	\$0.13	
747482	7/18/11	6/24/11			22250 M	\$304.64	8319-690	\$304.52	
747482							8420-830	\$0.12	
<b>Amigone Sanchez &amp; Mattrey (AMIGONE)</b>									
	7/20/11	7/20/11			22251 M	\$26,039.00	8350-300	\$26,039.00	
<b>NATIONAL GRID (NIA)</b>									
10/13-11/12/2010	7/20/11	5/19/11			22252 M	\$2,000.00	2021-000	\$2,000.00	10/13-11/12/
<b>INDEPENDENT HEALTH (IND)</b>									
	7/27/11	7/27/11			22253 M	\$1,861.53	2021-000	\$394.01	B5726AJULY11
							2021-000	\$1,467.52	B5726ZJULY11
<b>TIME WARNER CABLE (TIME)</b>									
4/1 - 30/2011	7/27/11	5/19/11			22259 M	\$793.63	2021-000	\$766.18	4/1 -30/2011
							2021-000	\$27.45	5/1-30/2011
<b>BATAVIA NURSING HOME (BNH)</b>									
	8/17/11	5/31/11			52011 M	\$21,000.00	2012-000	\$21,000.00	
<b>SENIOR ASSOCIATES LLC (SEN)</b>									
	8/17/11	6/30/11			62011 M	\$900.00	2014-000	\$900.00	
	8/17/11	5/31/11			520111 M	\$1,100.00	2014-000	\$1,100.00	
<b>LEWISTON PROPERTIES (LEWPROP)</b>									
	8/17/11	6/30/11			620111 M	\$100.00	8220-710	\$100.00	
<b>SENIOR ASSOCIATES PROPERTIES LLC (SRPROP)</b>									
	8/17/11	5/31/11			5201111 M	\$6,500.00	8220-690	\$6,500.00	
<b>BATAVIA NURSING HOME (BNH)</b>									

**Cash Disbursements Journal**  
**1011-050 Cash in Bank-HSBC Remitt/Operating**  
Fairchild Manor (03)

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8/17/11 3:44 PM  
ApJournalCD

Sort Order: Check Number

<i>Vendor</i>	<i>Date Entered</i>	<i>Check Date</i>	<i>Void Date</i>	<i>GL Month</i>	<i>Check Number</i>	<i>Check Amount</i>	<i>----- Distribution ----- Account</i>	<i>Amount</i>	<i>Invoice ID</i>
DAMON & MOREY LLP (DAMON)	6/7/11	5/27/11			101157960 M	\$2,500.00	8350-300	\$2,500.00	
						<u>\$168,287.41</u>		<u>\$168,287.41</u>	

<i>Total Manual Checks</i>	<b>\$168,857.66</b>
<i>Total Voided Checks</i>	<b>(\$2,000.00)</b>
<i>Total Computer Checks</i>	<b>\$1,429.75</b>

FAIRCHILD MANOR NURSING HOME

Name	Gross Wages Paydate 5/13/11 - 08/14/11
AGEE,LATOYA	\$1,860.34
ALLEN,CHANITA	\$2,369.66
BAGOVICH,TIMOTHY	\$537.50
BAILEY,JOSHUA	\$2,516.17
BINIECKI,LISA	\$3,176.60
BLACK,BRENDA J	\$4,765.34
BLACKBURN,ANDREW	\$1,800.00
BLAKELOCK,JONATHAN	\$873.27
BRADLEY,CARMELLA	\$3,252.17
BRENOT,HEATHER	\$1,473.84
BRIGHT,LUKE	\$550.39
BROWN,ANDREA	\$5,058.46
BROWN,ELAINE	\$5,001.86
BURTS,TWAN	\$3,053.68
CAMPAGNOLO,MARK	\$8,048.10
CANTEY,GILLIAN	\$980.22
CARR,WESLEY	\$15,241.52
CARTER,DOMINIQUE	\$1,520.29
CHATMON,JEROME	\$4,711.77
CLARKSON,KATHY	\$1,299.90
CLEVELAND,KRISTA	\$2,878.79
CONSULTANTS,MDS	\$10,230.50
CORNETT,JENNIFER	\$5,112.34
CROCKETT,NEA	\$3,125.95
CUSICK,MELODY	\$2,621.28
DAS MD,NAYAN	\$6,000.00
DE SIMONE,GERARD	\$10,440.00
DESMOND,KELLY	\$1,478.67
DUNN,MICHELLE	\$8,897.01
FARINO,HEATHER	\$959.73
FARR,KELLY	\$736.95
FISHER,KELLI	\$4,686.35
FORD,HASSAN	\$1,945.78
FORREST,SHANQUA	\$1,770.40
FRANCIOLI,FRANCINE	\$4,115.33
FREY,LAUREL	\$2,174.82
FULLER,ERNEST	\$162.98
FULLER,ERNESTINE	\$361.42
GAGLIARDI,KATHLEEN	\$2,912.78
GIBBONS,DEBBIE A	\$4,500.05
GROCHOWINA,RHIANNON	\$2,318.90
HALL,DOROTHY	\$2,678.11
HAMILTON,CHRISTINE	\$1,129.49
HAMILTON,LESLIE	\$1,283.37
HAMILTON,RICHARD K.	\$2,476.96
HAMILTON,RICHARD M.	\$6,923.10
HAMILTON,RICHARD T.	\$1,632.15
HARRIS,AMY	\$7,923.10
HARRIS,TIFFANY	\$709.72
HEBERT,RHONDA	\$3,501.10

FAIRCHILD MANOR NURSING HOME

HERDS,MARGUERITE	\$964.33
HILLMAN,COURTNEY	\$2,474.35
HILSON,RESHEKEH	\$1,422.70
HOUT,BRENDA	\$4,485.74
HOWARD,DARTANIAN	\$86.86
HOWELL,STEPHANIE	\$2,729.25
JACKSON,LASHAWN	\$1,137.25
JAROSZ,WILLIAM	\$1,350.25
JASEK,AGATHA	\$12,134.49
JOHNSON,ALICE	\$3,789.84
JOHNSON,DONALD	\$5,105.74
JONES,CARNELL	\$98.38
JONES,MELISSA	\$2,255.88
JONES,STEPHANIE	\$1,379.01
JONES,TAMARA	\$1,667.41
KABAMBA,KALEBELA	\$1,516.13
KAM,TAMMY	\$277.50
KEEL,VALERIE	\$626.34
KEMP,JADE	\$1,196.95
KING,MARQUERITTA	\$2,337.92
KING,PATRICIA	\$3,151.00
KOCH,ALISON	\$2,191.77
LACHAT,RACHEL	\$235.62
LAFRATTA II,MARK	\$1,407.81
LAMPKIN,CAMERON	\$957.30
LEISER,KENNETH	\$3,489.25
LOUNSBURY,SHANNON	\$3,132.59
LOZINSKY,LORETTA	\$14,065.00
MAHONEY,DEBORAH J	\$3,608.13
MAROTTA,MARY ANN	\$612.18
MAURO,ROSS	\$3,042.41
MCCANTIS,PRECIOUS	\$27.75
MCCRAITH,MELISSA	\$5,192.28
MCNERNEY,JESSICA	\$3,255.56
MESLER,VICKI	\$2,978.13
MIGLIAZZO,ELAINE	\$5,633.38
MILLER,KRISTINA	\$7,567.14
MITCHELL,ERIC	\$858.06
MOSES,JENNIFER	\$4,896.90
NORTON,ANDREA	\$1,760.11
PACANA,WILLIAM	\$1,221.28
PADUANO,CAROL	\$3,140.41
PANDIT,SWAGATA	\$5,384.64
PAOLINI,SUSAN	\$3,877.70
PARKHILL,APRIL	\$386.65
PETERSON,CASANDRA	\$1,567.24
PHAN,TOM	\$12,418.79
PORTER,PATRINA	\$3,474.69
POYNTER,KEVIN	\$8,159.38
PRESCOTT,TINA	\$1,158.02
PROKOP,AMANDA	\$1,555.42
RHINEHARDT,CORINA	\$578.85

FAIRCHILD MANOR NURSING HOME

RICK,MELANIE	\$7,980.00
RICKARD,DAWN	\$4,798.29
RIDGEWAY,LAWRENCE	\$1,045.59
ROBINSON,NIA	\$2,478.51
ROHRING,LORAIN K	\$2,090.28
ROMAN,JUDITH	\$2,971.20
ROUNDTREE,EVELYN	\$1,495.61
SABATER,SHEREE	\$1,888.58
SANDERS,LATINA	\$1,258.00
SANTUCCI,RICHARD	\$3,548.00
SCHMIDT,TINA	\$300.00
SCHULTZ,LISA M	\$3,913.70
SHEELER,JENNIFER	\$868.32
SHINE,LATASHA	\$2,553.99
SKALLA,DEBRA M	\$6,680.79
SMITH,HEIDI	\$13,730.78
SMITH,LEROY	\$269.28
SMITH,SHAMEEK	\$2,393.83
SOMMER,FRED	\$4,442.34
SPACONE,LOUIS	\$2,969.60
STARKS,EBONY	\$1,134.58
STREETER,TORIANO	\$60.54
SWANSON,VALERIE J	\$5,910.29
TARASEK,DEAN	\$5,062.50
TELESE,KRISTEN	\$3,251.40
THOMAS,TIA	\$3,122.60
TRANE,PHILIP	\$2,105.08
WALDECK,MICHAEL	\$3,165.44
WALLACE,ADRIANE	\$279.83
WASHBURN,VERONICA	\$2,498.29
WEEDEN,ANGELICA	\$78.62
WHITE,CHARICE	\$5,070.66
WHITE,DEANNA	\$3,062.16
WILSON,WANICA	\$3,141.87
WOOD,DANIEL	\$29.95
YOUNG,TOWANNA	\$5,449.69
ZAWADZKI,BONNIE	\$1,815.08

\$444,715.24

AS MEMORANDUM B/B

Date	Batavia Operating	Senior Associates Operating	Senior Associates Properties	Lewiston Properties
8/18/2010				\$46,350.00
8/19/2010	-\$55,000.00			
8/25/2010	\$12,000.00			
8/31/2010	-\$7,000.00			
9/13/2010	-\$34,000.00			
9/14/2010	-\$7,000.00			
9/17/2010	-\$20,000.00			
9/17/2010				
9/22/2010	-\$14,177.50			
9/27/2010	-\$1,000.00			
9/29/2010	-\$578.55			
9/30/2010	\$10,000.00			
9/30/2010		\$3,866.31		
9/30/2010				
9/30/2010				
10/4/2010	\$8,000.00			
10/4/2010		\$1,500.00		
10/4/2010			\$150.00	
10/12/2010		\$7,000.00		
10/12/2010				
10/13/2010	\$3,242.90			
10/18/2010	\$1,131.53			
10/18/2010			\$100.00	
10/21/2010		\$4,462.61		
10/25/2010	\$15,000.00			
10/25/2010	\$500.00			
10/27/2010			\$729.61	
10/28/2010		\$300.00		
10/29/2010			\$156.83	
11/1/2010	\$3,000.00			
11/1/2010	\$1,340.00			
11/1/2010	\$150.00			
11/3/2010	\$3,109.73			
11/3/2010	\$2,005.00			
11/3/2010		\$316.26		
11/5/2010		\$1,763.16		
11/18/2010			\$2,973.06	
11/18/2010		\$75.60		
11/18/2010				
11/19/2010		\$13,043.15		
11/22/2010		\$783.34		
11/22/2010	\$476.33			
11/23/2010				
11/23/2010		\$1,415.57		
11/24/2010			\$242.46	
11/26/2010	\$30,000.00			
11/26/2010				
12/1/2010	\$1,250.00			
12/3/2010				

12/3/2010	\$407.85			
12/3/2010		\$57.96		
12/6/2010		\$1,818.07		
12/7/2010	\$1,000.00			
12/7/2010		\$716.10		
12/7/2010			\$350.00	
12/9/2010		\$2,357.81		
12/14/2010	\$2,225.00			
12/22/2010			\$370.00	
12/31/2010		\$8,545.37		
1/4/2011		\$5,000.00		
1/5/2011			\$3,500.00	
1/6/2011		\$1,000.00		
1/6/2011		\$35.00		
1/27/2011		\$1,500.00		
1/28/2011		\$8,700.00		
2/1/2011				\$25.00
2/1/2011			\$200.00	
2/2/2011		\$4,200.00		
2/2/2011	\$3,600.00			
2/4/2011		\$39,750.00		
2/10/2011	\$4,600.00			
2/11/2011	\$3,000.00			
2/15/2011				\$36,400.00
2/23/2011		\$10,650.00		
4/4/2011	\$5,000.00			
4/4/2011			\$2,000.00	
4/6/2011			\$1,300.00	
4/7/2011	\$10,000.00			
4/7/2011			\$2,300.00	
4/14/2011	\$250.00			
4/18/2011	\$5,000.00			
4/19/2011			\$4,000.00	
4/19/2011	\$5,000.00			
4/20/2011			\$1,000.00	
4/21/2011			\$1,000.00	
4/26/2011			\$300.00	
4/26/2011			\$350.00	
4/27/2011				\$200.00
4/27/2011			\$150.00	
5/3/2011	\$3,000.00			
5/4/2011	\$8,000.00			
5/4/2011			\$1,000.00	
5/4/2011		\$500.00		
5/4/2011		\$100.00		
5/9/2011	\$10,000.00			
5/16/2011		\$500.00		
5/17/2011			\$5,500.00	
6/1/2011		\$500.00		
6/8/2011		\$400.00		
6/14/2011				\$100.00
6/30/2011	\$250.00			

	\$13,782.29	\$120,856.31	\$28,701.96	\$83,075.00
Case 1:11-13013-MJK	Doc 1	Filed 08/30/11		



**United States Bankruptcy Court  
Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**

Debtor(s)

Case No.

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>25,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>25,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**The above fee represents the retainer paid for both pre and post petition services. The amount incurred by the Debtor for pre-petition services is \$6,325. The remaining \$18,675 is reserved for post-petition services. I will be filing an application for appointment as counsel for the Debtor for all post-petition services and any and all compensation associated with post-petition representation shall be as set forth in the Order of Appointment subject to further Order of the Court.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **August 26, 2011**

**/s/ Arthur G. Baumeister, Jr.**

**Arthur G. Baumeister, Jr.  
Amigone, Sanchez, Mattrey & Marshall LLP  
1300 Main Place Tower  
350 Main Street  
Buffalo, NY 14202  
(716) 852-1300 Fax: (716) 852-1344  
abaumeister@amigonesanchez.com**

**United States Bankruptcy Court  
Western District of New York**

In re Fairchild Manor Nursing Home, LLC,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Marc Korn 2302 Wherle Dr. Williamsville, NY 14221</b>			

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 26, 2011

Signature /s/ Marc Korn  
**Marc Korn**  
**Managing Member**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

**United States Bankruptcy Court  
Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 26, 2011**

**/s/ Marc Korn**

**Marc Korn/Managing Member**

Signer/Title

ACS Service Bureau  
226 Lowell Street, Suite A-2  
Wilmington, MA 01887-3073

ADP Inc.  
P.O. Box 9001006  
Louisville, KY 40290-1006

AEL Financial  
Box 88046  
Milwaukee, WI 53288-0046

AFLAC New York  
22 Corporate Woods Boulevard  
Albany, NY 12211

Airgas East  
P.O. Box 827049  
Philadelphia, PA 19182-7049

Alco Sales & Service Co.  
6851 High Grove Boulevard  
Burr Ridge, IL 60527-7579

American Glass & Mirror  
2055 Military Road  
Niagara Falls, NY 14304

American Healthtech  
P.O. Box 12310  
Jackson, MS 39236

American Homecare Supply, LC  
P.O. Box 347118  
Pittsburgh, PA 15251-4118

Angelica-Batavia  
P.O. Box 823283  
Philadelphia, PA 19182-3283

Ann Copfer-Buzzard  
c/o Carla Rueter  
1931 Clintonia Avenue  
San Jose, CA 95125

Aries Transportation  
100 River Rock Drive, Suite 203  
Buffalo, NY 14207

Arjo Huntleigh Inc.  
P.O. Box 640799  
Pittsburgh, PA 15264-0799

B.E.S.T. Inc.  
3003 Genesee Street  
Buffalo, NY 14225

Bailey Brothers Enterprises  
4057 Purdy Road  
Lockport, NY 14094

BC BS of Massachusetts  
Attn.: Cash Receipts  
Mail Stop 02-04  
1 Enterprise Drive  
Quincy, MA 02171

Berkadia Commerical Mortgage  
P.O. Box 1687  
Horsham, PA 19044-6687

Betsy Adams  
3009 Cherry Bark Street  
Abilene, TX 79606

Boulevard Produce  
655 Youngs Street  
Tonawanda, NY 14150

Brickyard Pub & BBQ  
432 Center Street  
Lewiston, NY 14092

Buffalo Hospital Supply  
P.O. Box 407  
Buffalo, NY 14225-0407

Buffalo News  
One News Plaza  
P.O. Box 5183  
Buffalo, NY 14240-5183

Buffalo Pharmacy Institute  
20 Lawrence Bell Drive  
Buffalo, NY 14221

Buffalo Ultrasound Inc.  
P.O. Box 5196  
Buffalo, NY 14240-5196

C.A. Curtz Co.  
1717 East 12th Street  
P.O. Box 797  
Erie, PA 16512

Caterpillar Fiancial Services Corp.  
2121 West End Avenue  
Nashville, TN 37203

Catholic Health-Dept. of Lab Service  
Attn.: John Emhof - Billing  
2157 Main Street  
Buffalo, NY 14214

Chase Auto Finance  
P.O. Box 901076  
Fort Worth, TX 76101-2076

Choice One  
P.O Box 415721  
Boston, MA 02241-5721

Cintas Fas Lockbox 636525  
P.O. Box 636525  
Cincinnati, OH 45263-6525

Citibank (KEY)  
P.O. Box 9004  
Des Moines, IA 50368

Commissioner of Health New York  
Assessment Fund  
P.O. Box 4757  
Syracuse, NY 13221

Compliance Signs, Inc.  
56 South Main Street  
Chadwick, IL 61014-9425

Copeland Data Systems  
550 Fillmore Avenue  
Tonawanda, NY 14150

Crawford Machine & Tool  
51 Heiler Drive  
East Aurora, NY 14052-1517

Crest Healthcare Supply  
P.O. Box 727  
195 South Third Street  
Dassel, MN 55325-0727

Crest/Good Manufacturing Co., Inc.  
P.O. Box 468  
Syosset, NY 11791-0468

CVS Caremark  
600 Penn Center  
Pittsburgh, PA 15235

Damon & Morey LLP  
Avant Buiding, Suite 1200  
200 Delaware Avenue  
Buffalo, NY 14202-2150

Danny Thompson Inc.  
2102 11th Street  
Niagara Falls, NY 14305

Diversified Services  
2900 Delaware Avenue  
Buffalo, NY 14217

Dolphin Capital Corp.  
P.O. Box 644006  
Cincinnati, OH 45264-4006

Dr. Drew Chenelly  
121 North Main Street, Suite 310  
Albion, NY 14411

Eagle Systems, Inc.  
2421 Harlem Road  
Buffalo, NY 14225

Ecolab Pest Elimination Div.  
P.O. Box 6007  
Grand Forks, ND 58206-6007

Educated Healthcare  
9700 The Pines  
Buffalo, NY 14221

Elder Medical Services, P.C.  
c/o Beth Hoerner, Administrator  
132 Cayuga Road  
Buffalo, NY 14225

Eleanor Reelee  
1530 Benjamin Drive  
Niagara Falls, NY 14304

Estate of Alfonso Paonessa  
c/o John Paonessa  
2250 Pierce Avenue, Apt. 1  
Niagara Falls, NY 14301

Estate of Sharon Carriere  
c/o Corrine Kroenig  
4980 Blackman Road  
Lockport, NY 14094

Evans National Bank  
14-16 North Main Street  
Angola, NY 14006



Falls Tent & Awning  
P.O. Box 208  
Lewiston, NY 14092

FDR Medical Services, PC  
P.O. Box 92249  
Rochester, NY 14692-0249

Fedex  
P.O. Box 371461  
Pittsburgh, PA 15250-4746

FLTC  
150 State Street, Suite 301  
Albany, NY 12207

Francotyp-Postalia, Inc.  
FP Mailing Solutions  
P.O.Box 4510  
Carol Stream, IL 60197-4510

Frank A. Pallone, DDS  
552 Third Street  
Niagara Falls, NY 14301

Freed Maxick & Battaglia  
800 Liberty Building  
Buffalo, NY 14202

General Electic Capital  
20225 Watertower Blvd.  
Brookfield, WI 53045

Genesee Health Facilities Assoc.  
40 Barrett Drive  
Webster, NY 14580

Get Noticed Promotions  
152 Sonwil Drive  
Buffalo, NY 14225

Global Equipment Company  
P.O. Box 905713  
Charlotte, NC 28290

Greater Niagara Newspaper  
P.O. Box 549  
Niagara Falls, NY 14302

Harbor Linen  
P.O. Box 3510  
Cherry Hill, NJ 08034

Health Care Industry Trust  
700 Rand Building  
14 Lafayette Square  
Buffalo, NY 14202

Health Care Logistics, Inc.  
Dept. L 2412  
Columbus, OH 43260-2412

Health System Services, LTD  
6867 Williams Road  
Niagara Falls, NY 14304-3041

Hiscock & Barclay, LLP  
1100 M & T Center  
3 Fountain Plaza  
Buffalo, NY 14203-1414

HSBC Bank  
Commerical Cash Management  
One HSBC Center, 12th Floor  
Buffalo, NY 14203

Independent Health  
Dept. 264  
P.O. Box 8000  
Buffalo, NY 14267-0002

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Irish Carbonic & Welding  
P.O. Box 409  
Buffalo, NY 14212-0490

Iron Mountain Record Management  
P.O. Box 27128  
New York, NY 10087-7128

J H Dodman Co., Inc.  
116 MIchigan Avenue  
Buffalo, NY 14204

Joe Niccola's Lawn Service  
3410 Creek Road  
Youngstown, NY 14174

John H. Clark, MD  
P.O. Box 494  
Lewiston, NY 14092

John W. Sutton  
904 Sycamore Street  
Niagara Falls, NY 14304

Kaleida Health  
Attn.: Maureen/Yvonne  
726 Exchange Street, Suite 300  
Buffalo, NY 14210

Kavinoky, Cook LLP  
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Buffalo, NY 14210

Kenny Carpets  
2262 Union Road  
Buffalo, NY 14227

Kim Marie Fritschi  
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Buffalo, NY 14224

Laser Solutions Inc.  
136 Walnut Street  
Lockport, NY 14094-3722

Lawley Services, Inc.  
361 Delaware Avenue  
Buffalo, NY 14202

Linstar  
430 Lawrence Bell Drive  
Buffalo, NY 14221-7085

Liturgical Publications Inc.  
4560 East 71st Street  
Cuyahoga Heights, OH 44105-5604

Lockport Home Medical  
21 Main Street  
Lockview Plaza  
Lockport, NY 14094

Marchese Computer Products, Inc.  
220 Ellicott Street  
Batavia, NY 14020

MC Healthcare Products Inc.  
4658 Ontario Street  
Beamsville, Ontario LOR 1B4  
CANADA

McClure Dental Servcies  
84 W. Utica Street  
Buffalo, NY 14209

MDS Consultants  
137 Rae Drive  
Rochester, NY 14626

MED Pass Inc.  
10800 Industry Lane  
Miamisburg, OH 45342

Mercy Hospital of Buffalo  
565 Abbott Road  
Buffalo, NY 14220

Mobile Diagnostic Testing Servcies  
d/b/a Health Trac  
P.O. Box 8000-445  
Buffalo, NY 14267

Modern Disposal Services Inc.  
P.O. Box 209  
Model City, NY 14107

Morgan Services, Inc.  
325 Louisiana Street  
Buffalo, NY 14204

Mount St. Mary's Hosp. & Health Center  
Attn.: Finance Dept.  
5300 Military Road  
Lewiston, NY 14092

MVP Health Care, Inc.  
220 Alexander Street  
Rochester, NY 14607

National Benefit Life Ins. Co.  
One Court Square  
Long Island City, NY 11120-0001

National Health Debt Solutions  
P.O. Box 20  
Buffalo, NY 14231-0020

New York Association of Homes &  
Services for the Aging  
150 State Street, Suite 301  
Albany, NY 12207-1698

New York State Dept. of Labor  
State Office Building  
Campus Bldg. 12, Rm. 185B  
Albany, NY 12240

Niagara County Dept. of Social Services  
P.O. Box 406  
Lockport, NY 14095

Niagara Falls Memorail Medical Center  
P.O. Box 708  
Niagara Falls, NY 14302

Niagara Falls Reporter  
1625 Buffalo Avenue  
Niagara Falls, NY 14303

Niagara Hospice, Inc.  
4675 Sunset Drive  
Lockport, NY 14094

North American Transcription  
1866 Leithsville Road, Box 167  
Hellertown, PA 18055

NYS Workers Compensation Board  
Finance Office Room 301  
20 Park Street  
Albany, NY 12207

NYS Workers Compensation Board  
c/o RMS  
One Exchange Plaza  
55 Broadway Suite 201  
New York, NY 10006

NYSHFA  
33 Elk Street, Suite 300  
Albany, NY 12207-1010

NYSHFA District 10  
P.O. Box 1875  
Buffalo, NY 14231-1875

Occupational Health Care Services  
621 Tenth Street  
Niagara Falls, NY 14302

Office Depot  
P.O. Box 88040  
Chicago, IL 60680-1040

Omnicare Pharmacy/BPNY Acquisition  
P.O. Box 715276  
Columbus, OH 43271-5276

Omnicare Pharmacy/BPNY Acquisition  
2410 North America Drive  
Buffalo, NY 14224

One Communications  
P.O. Box 415721  
Boston, MA 02241-5721

One Communications  
P.O. Box 1927  
Albany, NY 12201-1927

Optimasolutions2/Tray Card System  
210 S. 13trh Street, Suite B  
Griffin, GA 30224

Orleans/Niagara Boces  
Attn.: Terry Josker  
3181 Saunders Settlement Road  
Sanborn, NY 14132

Penn Emblem  
Box 510801  
Philadelphia, PA 19175-0801

Pesi Healthcare  
P.O. Box 900  
Eau Claire, WI 54702-0900

Plant Emporium  
425 Onondaga Street  
Lewiston, NY 14092

Povinelli Cutlery & Sharpening Service  
3810 Union Road  
Buffalo, NY 14225

Praxair Distribution, Inc.  
Dept. 0812  
P.O. Box 120812  
Dallas, TX 75312-0812

Precision Dynamics Corp.  
13880 Del Sur Street  
San Fernando, CA 91340-3490

Precision Scale & Balance  
140 Rotech Drive  
Lancaster, NY 14086

Professional Laundry Sys. West Inc.  
3655 California Road  
Orchard Park, NY 14127

Professional Medical, Inc.  
1917 Garnet Court  
New Lenox, IL 60451

Quest Diagnostics  
2178 Collection Center Drive  
Chicago, IL 60693

Rosaline Tabone  
208 Beckwith Avenue  
Niagara Falls, NY 14304

RSM McGladrey  
800 Liberty Building  
424 Main Street  
Buffalo, NY 14202-3508

Rural/Metro Medical Services  
Attn.: Althea Marshal  
481 William Gaiter Parkway  
Buffalo, NY 14215

Ruskin Moscou Faltischek, P.C.  
1425 Rexcorp Plaza  
Uniondale, NY 11556-1425

Safeguard Business Systems  
P.O. Box 88043  
Chicago, IL 60680-1043

Scipione Catering LLC  
3010 Pine Avenue  
Niagara Falls, NY 14301



Secretary of Housing and Urban Devel.  
c/o Multifamily Payment Processing  
P.O. Box 530256  
Atlanta, GA 30353-0256

Shred-It  
440 Lawrence Bell Drive, Suite #2  
Buffalo, NY 14221

Simplex Grinnell  
1310 Madrid St. Ste. 103  
Marshall, MN 56258

Social Security Administration  
P.O. Box 3430  
Philadelphia, PA 19122-9985

Southworth-Milton, Inc.  
P.O. Box 3851  
Boston, MA 02241-3851

Speciality Steak Service/Curtze Foods  
1717 E. 12th Street  
P.O. Box 797  
Erie, PA 16512

Staples Business Advantage  
Dept. ROC 85102  
P.O. Box 30851  
Hartford, CT 06150-0851

Stericycle  
P.O. Box 9001590  
Louisville, KY 40290-1591

Sunset Fruit & Vegetable Co., Inc.  
1443 Clinton Street  
Buffalo, NY 14206

Superior Products Co.  
P.O. Box 623  
East Aurora, NY 14052

T Grana & Son, Inc.  
2610 Pine Avenue  
Niagara Falls, NY 14301

Tax Credit Processing Center  
P.O. Box 8427  
Gadsden, AL 35902

TCF Equipment Lease  
11100 WayzataBlvd., #801  
Minnetonka, MN 55305

The Hartford - Priority Accounts  
Group Benefits Divisoin  
P.O. Box 8500-3690  
Philadelphia, PA 19178-3690

The Partnership, Ltd.  
11 Pinchot Court, Suite 100  
Buffalo, NY 14228

Time Warner Cable  
P.O. Box 1270  
Buffalo, NY 14240-1270

Time Warner Cable  
P.O. Box 371877  
Pittsburgh, PA 15250-0877

Toshiba America Business Solutions  
P.O. Box 642111  
Pittsburgh, PA 15264-2111

U. S. Food Service  
125 Gardenville Parkway West  
Buffalo, NY 14224

Univ. @ Buffalo Surgeons, Inc.  
P.O. Box 8000, Dpet. 313  
Buffalo, NY 14267

Upstate Farms Cooperative  
P.O. Box 650  
Buffalo, NY 14225

Vecmar Computer Solutions  
7595 Jenther Drive  
Mentor, OH 44060

Verizon  
P.O. Box 15124  
Albany, NY 12212-5124

Verizon Online  
PO. Box 920041  
Dallas, TX 75392-0041

Verizon Wireless  
P.O. Box 408  
Newark, NJ 07101-0408

Village Blossoms Inc.  
134 Jackson Street  
Youngstown, NY 14174

Village of Lewiston Inc.  
145 N. 4th Street  
Lewiston, NY 14092

We Care Health & Human Services  
401 East Amherst Street  
Buffalo, NY 14215

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1400 Liberty Building  
Buffalo, NY 14202

William Ford  
c/o Michael Ford  
100 Paul Drive  
Buffalo, NY 14228

WNY Mutual Aid Plan  
Greenfield Health & Rehabilitation  
5949 Broadway  
Lancaster, NY 14086

**United States Bankruptcy Court  
Western District of New York**

In re **Fairchild Manor Nursing Home, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Fairchild Manor Nursing Home, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**August 26, 2011**

Date

**/s/ Arthur G. Baumeister, Jr.**

**Arthur G. Baumeister, Jr.**

Signature of Attorney or Litigant

Counsel for **Fairchild Manor Nursing Home, LLC**

**Amigone, Sanchez, Mattrey & Marshall LLP**

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